

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	107	59	7-24-00
<b>O.I.P.E. CLASSIFIER</b>		617	728
<b>FORMALITY REVIEW</b>	NH	617	8-31-00
<b>RESPONSE FORMALITY REVIEW</b>	ZR	50851	11-27-00

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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